

First-tier Tribunal - Health, Education and Social Care Chamber (Care Standards)

# **Appeal application form**

## **Establishment Agencies**

For office use only	
Case reference number	
Office stamp (date received)	

Use this form to appeal to the First-tier Tribunal (Care Standards) for *Care Quality Commission (CQC)/Justice of the Peace/Health Inspectorate Wales* in relation to registration of your Establishment Agencies.

Please complete this form in CAPITAL LETTERS or type and either return it by post, email or fax, details at the end of this form.

A – Applica	nt's de	tails (plea	ase provide a	UK address)				
Title	☐ Mr	Mrs	Miss	Ms	□ O	ther (please specify)		
Surname								
First name(s)								
Address						Telephone nu	mber	
						Mobile nu	mber	
	Postcoo	le						
Email address								
<b>B – Your rej</b> Name	presen	tative's (	details (If	appointed, p	olease gi	ve details of your r	epresentativ	re)
Profession								
Address						Telephone nu	mber	
						Mobile nu	mber	
	Postcoo	le				Fax nu	mber	
Email address								
<b>Important:</b> We named on this the papers to y	form. If y							
Who should re	ceive info	ormation al	bout the ap	peal?			☐ You	☐ Your representative

Peace/	s your regulated activity that the Care Quality C Health Inspectorate Wales have made the decist involved in the appeal)			the				
I wish to appe	eal against a decision to: (tick as appropriate)							
Refuse registration								
	Cancel registration							
	Impose, removal or vary of conditions of registration							
	Refuse to remove or vary any condition of registration							
	Non-urgent suspension of registration							
	Non-urgent extension to period of suspension	Date decision received:						
	*Urgent decision to suspend or cancel registration							
	*Urgent decision to impose, removal or vary conditions	Date decision	received:					
	A decision of a Justice of the Peace							
	Is the appeal from a Service Provider/Manager	Yes	□No					
	Is the appeal from a Director of Company providing services	Yes	□No					
Health Insper Peace/Healt	opealing against an urgent decision issued by the Care Quality Co ectorate Wales, you must send a copy of your appeal to Care Qua th Inspectorate Wales at the same time you send it to the Tribuna eals are dealt with on an emergency basis and require you to act	ality Commissi al.						
Have you atta	ched a copy of the decision under appeal?	Yes	□No					
If No, please g	give reasons why not							
D – Type o	f hearing							
•	want an oral hearing and the Tribunal agrees, your appeal will be in the written evidence that you and the other party submit.	2						
Do you want y	your case to be considered by a panel on the papers and neither?	Yes	□No					

E – Interpreter	
Do you or your witnesses require an interpreter at either the Telephone Case Management Hearing or the final hearing?	Yes No
If Yes, please state which language.	
F – Is the appeal in time - see time limits at section I	
Yes - Continue to section G	
☐ No - Read below	
If you know your appeal is late, or you are not sure if it will be received in time, you must apply for an extension of time. Explain why your appeal is late in the box below.	
If you are unsure about the time limit, refer to the guidance 'Appealing to the First-tier Tribunal (Care Standards) – a guide to the appeals procedures' (available from Care Standards website: www.justice.gov.uk/tribunals/carestandards) or contact the Care Standards Office for advice (details at the end of the form).	f
Attach any evidence/additional sheets if necessary.	
G – The result the applicant is seeking	
Continue on a separate sheet if necessary.	

## H – Reasons for appeal

Give full reasons why you think the decision of the **Respondent** is wrong. Please also say what result you are seeking from your appeal.

**Please note:** You **MUST** include with this appeal application a copy of any written record of the Notice of Decision against which you are appealing and statement of reasons obtained from the respondent.

### I - Other information and your signature

# Telephone Case Management Hearing (TCMH) and main hearing

- 1. The Case will be listed for a preliminary directions hearing by way of a Telephone Conference Call with you, and/or your representative, the Respondent and a Judge. We will send you a guide to the TCMH when your appeal has been registered.
- 2. In the call, you will be asked about the witnesses you want to call and about the length of time the hearing may take.
- 3. Prior to the call, the Respondent will write to you or call you to discuss draft directions and the issues which will be discussed at the TCMH.
- 4. If you want the Tribunal to issue a summons requiring any witness to attend the hearing because they have refused to attend, please raise the matter with the Judge at the TCMH.
- 5. The main hearing will be heard in public unless the Tribunal directs that it, or any part of it be heard in private. If you want your hearing or part of it to be heard in private, please raise the matter with the Judge at the TCMH and explain why.
- 6. The Tribunal can make an order prohibiting the disclosure or publication of any specified document or information relating to the appeal proceedings. If you want the Tribunal to make such an order, please raise the matter with the Judge at the TCMH and explain why.
- 7. An interpreter can be arranged for the TCMH and the final Hearing, please complete Section G if one is needed.

#### **Oral/Paper Hearing**

If you and the Respondent do not want an oral hearing and the Tribunal agrees, your appeal will be determined on the written evidence that you and the other party submit. Paper hearings are not suitable for cases which require the Tribunal to determine facts. They may be suitable for emergency hearings.

#### Sign and date this form

If you have completed all the sections relevant to your appeal you should now sign and date this form and return it immediately to Care Standards at the address given at the end of this document.

### Time limits for appeal - please read carefully

Please note that you must complete and return this application within the following time limits for:

- Appeals against a decision to a Regulated Activity issued by the Care Quality Commission (CQC)/Justice of the Peace/Health Inspectorate Wales is 28 Days from the date of the notice of decision which you wish to appeal. (We aim to deal with appeals in 30 weeks from registration date).
- Appeals against a decision to a Regulated Activity (urgent) by the Care Quality Commission (CQC)/Justice of the Peace/Health Inspectorate Wales is 10 working days from the date of the notice of decision. (We aim to deal with appeals in 5 working days from receipt of the authority's response for a paper hearing and 10 working days from receipt of the authority's response for an oral hearing).

Your signature:	
Date:	

This form can be signed by the person bringing the appeal or by their Legal Representative. (A typed signature is acceptable)

When you have completed this form, send it with a copy of the decision letter sent to you, giving you the right to appeal and any other relevant documentation.

#### **Care Standards contact details**

#### Post:

HM Courts & Tribunals Service Care Standards 1st Floor, Darlington Magistrates' Court Parkgate Darlington DL1 1RU

**Telephone:** 01325 289350 **Email:** cst@hmcts.gsi.gov.uk

Fax: 01264 785013

For further information about appeals to the Tribunal, go to the Care Standards website: www.justice.gov.uk/guidance/courts-and-tribunals/tribunals/care-standards/index.htm